

up too soon, and for some time wore a lightly fitting truss, the result would likely be a spontaneous cure of the hernia by the permanent occlusion of the canal.

## REPORTS AND ANALYSES

### AND

### DESCRIPTIONS OF NEW INVENTIONS

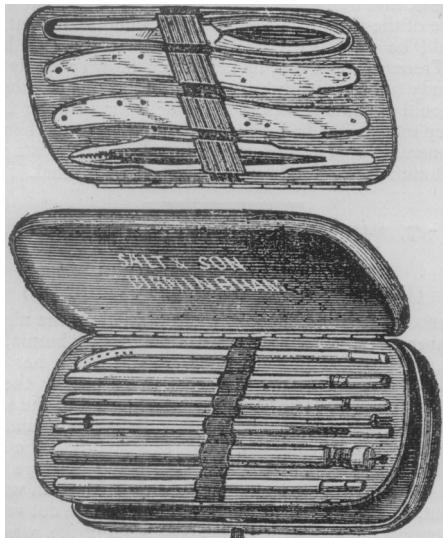
#### IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

#### TEMPERATURE CHARTS.

THE very compact and well arranged Temperature Charts which we lately noticed as produced by Messrs. Russell, are, we find, published by G. L. Holderness and Co. of Manchester.

#### NEW PORTABLE SURGEON'S DRESSING-CASE.

WE recently noticed in our columns a very neat and portable pocket-case, designed by Messrs. Salt and Sons of Birmingham. The same firm have further improved the case by making it more complete, without appreciably increasing its bulk. The case is made of aluminium bronze, silk-velvet lined, and opens similarly to a *porte monnaie*. The



instruments slip under elastic loops on both sides of the flap, and are a silver caustic case, probes, director, elongating female catheter, clinical thermometer, exploring needle, folding scissors, spring forceps, sharp and probe-pointed bistoury, Syme's knife, and tenotome: in all, fourteen instruments.

The drawing is made to a scale of two-thirds of the actual size; and the thickness is only seven-eighths of an inch. The instruments are sufficiently large for all ordinary purposes; and we think the case and its carefully selected contents will meet with general approval.

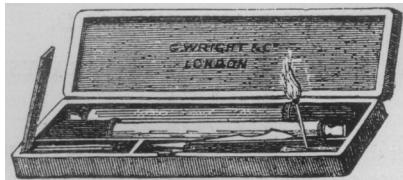
#### VACCINATING CASE AND PORTABLE VACCINE TUBE-HOLDER.

SIR.—Will you kindly permit me, through the medium of your columns, to bring under the notice of the profession my vaccinating case and vaccine tube-holder?

The compact little case represented in the drawing contains every requisite for vaccination. It is only four inches and a half in length and one and a half in breadth, so that it can be very conveniently carried in the pocket. Two vaccine tube-holders are provided, by which the capillary tube can be filled and discharged with the greatest ease and rapidity. In the position in which they are represented, they form receptacles for charged and empty capillary tubes. The little case also contains a vaccinating lancet, to which is affixed an instrument by which the ends of the tubes can be readily and cleanly cut off. A com-

partment for wax tapers, to be used in sealing, completes the equipment.

All the various lymph-carriers which are at the present moment extensively used by practitioners—with the single exception of the capillary tube—are open to many objections. Lymph stored in a dry state soon



loses its activity, even when it is apparently carefully preserved. Moreover, it requires to be moistened with water or steam at the time of the operation, and thus a diluted and uncertain fluid is often used in practice. On the other hand, lymph contained in hermetically sealed capillary tubes can be retained for any length of time and then discharged, possessing all the characters of fresh lymph. The capillary tube is the best lymph-carrier; and, by the use of the vaccine tube-holder, all the objections to this slender tube are removed, and its application in practice is rendered extremely easy and convenient.

Permit me, in conclusion, to add a few directions for using the holder.

*Charging the Capillary Tube.*—Remove the glass stopper from the holder, and pass the tube to the extent of an inch through the small opening in the India-rubber cap, which is plainly marked on its red tip with a black spot. On inserting the end of the tube in the lymph, the fluid will begin to ascend it; then, by gently compressing the cap and closing the end of the holder with the finger, it will be drawn into the centre of the tube. The capillary tube can also be readily filled by gentle mouth-action at the open end of the holder.

*Discharging the Lymph.*—Break off the sealed ends of the tube with the tube-cutter which is affixed to the lancet, and introduce it into the holder. The required quantity of lymph can be rapidly discharged by gentle blowing through the holder; and the remaining lymph can then be replaced in the centre of the tube, and the tube resealed. By this double action, the holder enables the vaccinator to utilise one charged tube for two or more operations.

The vaccinating case is to be obtained at a very moderate price from the manufacturers, Messrs. Wright and Co., 108, New Bond Street, London.—I am, sir, yours faithfully,

J. WARD COUSINS, M.D.Lond., F.R.C.S.  
Southsea, December 16th, 1878.

## SELECTIONS FROM JOURNALS.

### THERAPEUTICS.

**TREATMENT OF CATARRH OF THE STOMACH.**—Dr. Kuster (*Allgemeine Medicin. Central-Zeitung*, No. 98) has had a great deal of experience in the treatment of the above-mentioned disease. He does not approve of the use of the stomach-pump, it being rather an awkward and unwieldy instrument to handle both for physicians and for private patients, who generally object to it. Among the large number of drugs which have been used in gastric catarrh, he decidedly prefers only three—viz., hydrochloric acid, Carlsbad salt, and nitrate of silver. He administers them in the following doses. Of hydrochloric acid he gives from five to eight drops, to be taken in a wineglass before and after meals. The dose of Carlsbad salt is one or two teaspoonfuls dissolved in hot water daily. Nitrate of silver is given in the form of pills, containing each 5 milligrammes (.075 grain) of nitrate of silver and 7 milligrammes (.105 grain) of extract of belladonna. Each of these drugs seems to fulfil special indications, and to counteract in some way the effects of the other. According to the author's theory, they should be used as follows. Hydrochloric acid is only useful in such cases where the catarrh of the stomach or the disagreeable sensations experienced shortly after food are caused by a scanty supply of the gastric juice, especially gastric acid. It will also prove very useful when the patient complains of loss of appetite, pains and pressure on the stomach after food, especially after meat, and of profuse diarrhoea, but does not suffer from flatulence or acid eructation. These symptoms are caused by the want of acid in the gastric juice, and will therefore be removed as soon as an acid is introduced. Persons who smoke generally suffer from want of gastric acid, the secretion of which is probably rather lessened by the nicotin which is swallowed in smoking. Carlsbad salt

must be used in cases which are diametrically opposed to the above mentioned. It is most efficacious in neutralising the surplus amount of acid, when there exists an oversecretion of it, and in cleansing the stomach from large quantities of mucus which generally accumulates in it. It acts in a certain way very much like a stomach-pump, *minus* the disagreeable sensation of having a tube put down one's throat. As for nitrate of silver, it has not yet been proved in what cases it is most efficient. It has been used a great deal in ulcers of the stomach; but the author is of opinion that this is rather a dangerous practice. He has given it without any special indication in cases where there were no symptoms of ulcers, and has always found it to be extremely useful. He has also used it with some success in the treatment of females having a tendency to chlorosis and nervous irritability.

**RELIEF OF THE PAIN CAUSED BY TOUCHING THE CONJUNCTIVA WITH SULPHATE OF COPPER.**—Dr. Carl Pick (*Centralblatt für die Med. Wissenschaften*, No. 45) recommends the following method of relieving the pain caused by applying sulphate of copper to the conjunctiva. The smoothly polished surface of the bluestone is passed across the conjunctiva in the usual manner. Four or five minutes later, calomel is applied to the part, and the pain ceases instantaneously. After this treatment has been continued for about five or six days, the calomel is applied to the eye immediately after the bluestone, and the pain disappears at the same moment. Dr. Pick has attained good results from this method in six cases. He thinks also that it may prove efficient in the treatment of chronic blennorrhœal conjunctivitis, even in case of pannus, by stimulating the absorbent powers of the conjunctiva.

#### MEDICINE.

**THE DIAGNOSIS OF MYOCARDITIS.**—Dr. H. Ruhle (*Deutches Arch. für Klin. Med.*, Band xxii) has had the opportunity of observing a considerable number of patients with what he diagnosed to be diffuse chronic myocarditis, and in which the *post mortem* results often verified the diagnosis. By Koster's plan of the usual method of making vertical sections of the heart in this way, the existence of myocarditic foci is proved. If these foci be not very large or numerous, they generally are found on the surface, their places of predilection being either the lower two-thirds of the anterior surface of the left ventricle, or the superior two-thirds of the posterior surface of the same ventricle; but they are also often found in the papillary muscles, especially in the left papillary muscles of the bicuspid valve. Hence these changes occur principally in the left ventricle. During their lifetime, the patients present the symptoms of an uncompensated valvular disease; the left ventricle cannot do its work, and the pressure rises in the venous system. Accordingly, we meet with oedema, hyperæmia, and haemorrhages in different organs, dyspnoea, digestive troubles, and decrease of urine. The dulness of the heart is enlarged in most cases, especially towards the left. The apex-beat can be felt at first, but it is very irregular as to strength, and disappears altogether at a later period. The sounds of the heart are clear, but the first is generally indistinct, and the second, over the aorta, very weak. A systolic murmur is often heard at the apex of the heart, but its sounds are quite irregular in strength and succession. The pulse-beats corresponding to the heart are irregular and unequal, which is characteristic symptom of chronic diffused myocarditis. The prognosis of the disease is always unfavourable, and more so if the diuresis be sparing. Ruhle's treatment of this disease is as follows. During the first stage, the patient must be kept quiet, eat milk food, apply ice to the region of the heart, take iodide of potassium, and eventually digitalis. During the second stage, the patient is treated with digitalis and stimulants (*e.g.*, wine, beef-tea, ether tinctures). Notwithstanding all these means, however, Ruhle never succeeded in making the pulse regular, even for a short time.

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**LEUKÆMIA WITH PARALYSIS OF CRANIAL NERVES.**—Dr. Eisenlohr (*Virchow's Archiv*, Band lxxiii) gives an account of a remarkable case of leukæmia. Two or three weeks before the patient died, both facial nerves were entirely paralysed, and a very considerable paresis could be observed in the regions of the hypoglossal and glosso-pharyngeal nerves, as well as in the sensory branches of the fifth nerve. At the *post mortem* examination, it was found that the brain, as well as the pons Varolii and medulla, had not undergone any change. Upon closer examination of the sheaths and the substance of the above-named nerves, it was found that they contained a large number of blood-clots, and were even thickly infiltrated with lymph-cells. This had caused a degeneration of the nervous fibres, which presented to the eye only a mass of finely granulated detritus, in which only a few normal axis-cylinders could be detected. A large part of the lymph-cor-

puscles seemed also to have been destroyed in the same way. The branches of nerves which had been most affected were the portions of the facial nerve which pass through the aqueduct of Fallopius. This case presented another curious phenomenon. During a rapid decrease of the swelling of the lymphatic glands and the spleen, the normal proportion of the red and white blood-corpuscles was for a short time re-established, but a fortnight later both the glands and the blood were again as before. On several days, remarkably large granulated colourless corpuscles were observed in the blood, which disappeared afterwards without leaving any traces of their existence. On the last day of life, the red blood-corpuscles appeared much smaller and of varied form. This change has been noticed before by the author in another case of leukæmia lienalis. There was besides a peculiar condition of the periosteum. It was red, much thickened, and separated from the underlying bone by a soft substance of a yellowish-red colour.

#### SURGERY.

**STRANGULATED HERNIA.**—Dr. J. A. Korteweg (*Archiv für Klin. Chirurgie*, vol. xxii, fasc. 2, 1878) has tried to offer a new explanation of the mechanical phenomena of strangulated hernia, founded on experiments made on the dead body, which, in a certain way, combines the theory of valvular strangulation and that of mesenteric tension. According to him, when an intestinal loop has been drawn into a hernia, that part of it which adheres to the mesentery would be held back by its adhesions, resist the tension, and be drawn in more slowly than the other parts which are convex and free from adhesions. These latter parts are gradually pushed into the ring by the pressure of the intestinal gases and the intra-abdominal tension; in this way, the irregularities of the intestine within the ring contribute to the formation of a ridge, whose principal constituent is a fold of the intestinal wall. This fold or valve, which is below the ring of the hernia, prevents the gaseous and other matters contained in the sac of the hernia from escaping into the rest of the intestines. From this short sketch of Dr. Korteweg's theory, the following conclusions may be drawn. 1. The mesentery, which is drawn into the strangulated hernia, takes a very important part in the formation. 2. The most efficient way of liberating the two ends of the strangulated hernia is to exercise a traction on the part of the intestine which adheres to the mesentery, as well as on the mesentery, during the first period of the strangulation. In this way, the gases and other matters accumulated in the cavity of the hernial loop will be allowed to escape into the intestines which are in the abdomen.

#### OBSTETRICS AND DISEASES OF WOMEN.

**EXTIRPATION OF CARCINOMATOUS UTERUS.**—Cases of this operation are recorded by Dr. Fränkel (*Berliner Klin. Wochenschrift*, 1878, No. 31), and by Dr. Credé (*Centralblatt für Chirurgie*, No. 32). Dr. Fränkel considers that the operation, when properly conducted, is very much to be preferred to ovariotomy, being more easy and affording greater security for recovery. Dr. Credé, on the other hand, thinks that the operation ought only to be undertaken when the disease is not yet far advanced, and he advises the removal of the ovaries together with the uterus. Both operations were conducted according to Dr. Freund's method, with a slight modification by Dr. Credé. Dr. Fränkel's patient was fifty years of age, and had for some months past haemorrhages during defæcation and violent exertion; she also complained of pain in the womb and leucorrhœa. It was found that the carcinoma had already extended to the upper part of the vagina, and the parametrium and the retractor uteri on the right side were infiltrated with little carcinomatous nodules. The inguinal glands were swollen, but were not regarded as carcinomatous. The operation lasted for two hours and a half, without any other complication than a moderate haemorrhage from four or six small arteries on the right side of the pelvis, which could not be quickly stopped. Some of the carcinomatous portions of the vagina could not be entirely extirpated during the operation. They were tied, and removed on the thirty-seventh day by cauterisation. The patient recovered without any further accidents. Dr. Credé modified the operation by leaving the wound in the peritoneum open, and only uniting the edges of the vaginal wound. The carcinoma had spread over the whole vagina, and suspicious nodules could be felt in the upper part. Both ovaries were also diseased, and were accordingly removed. The edges of the vaginal wound were united by small forceps, which remained in the vagina. The patient seemed to be doing well after the operation, when she suddenly collapsed, and died on the second day. At the *post mortem* examination, nothing was found to justify this unlucky result except a twist in the intestine. Several other glands in the pelvis were also found to be diseased.

The Trustees of the William Dudley Trust have presented £500 to the Birmingham Medical Mission. At a general meeting of the clergy, ministers of religion, and selected representatives of the town and neighbourhood, held on January 10th, for the purpose of appointing a committee and officers to conduct the Hospital Sunday collection for the present year, an attempt was made to include the Medical Mission among the amalgamated charities to which this year's collection is to be devoted. After some little discussion, the proposal was withdrawn.

While I am writing, I am sorry to say, the Free Library is burning, and there is no hope of anything remaining except the bare walls of the library. The fire originated in some shavings catching fire from a gas-flame lighted by a workman engaged in thawing the gas-pipe, and the fire spread with alarming rapidity to some boarded-in staircases and temporary woodwork erected as an entrance to the Institute buildings during the progress of extensions. A few thousand volumes have been saved; but the Reference Library, I believe, is entirely lost, including the Shakespeare Library, which was the most complete in existence, and to which the late Mr. Charles Knight gave more than one hundred volumes of rare and important works used by him in preparing his edition. The Staunton collection of original documents relating to the history of Warwickshire, which cost £3,000, has gone, and with it the earlier history of Warwickshire. The Knowle Guild Book in manuscript, and the Cervantes collection, which comprised almost every known edition of the author's works, collected by Mr. William Bragge, have also perished. The loss is very great to the town and to literature.

You have already noticed in your columns the death of Dr. Birt Davies. The London papers recently announced the death of Dr. Peyton Blakiston, at one time physician to the General Hospital.

The people of Walsall have determined to perpetuate the memory of the late Sister Dora, of the Cottage Hospital, after placing her portrait in the hospital at a cost not exceeding one hundred guineas, by the establishment of a fund to be called "The Dora Fund", the interest of which, together with any gifts or legacies the said fund may receive, to be applied towards defraying the expenses of convalescent patients to the seaside or other health-resort, and to assist the more needy patients on leaving the hospital. In addition to this public memorial, a subscription has been already started to place a memorial window in the chancel of the parish church.

## ASSOCIATION INTELLIGENCE.

### BATH AND BRISTOL BRANCH.

THE third meeting of this Branch will be held at the Bristol Museum and Library, at the top of Park Street, Bristol, on Thursday, January 23rd, at half-past Seven o'clock in the evening: HENRY HENSLEY, M.D., President, in the Chair.

EDMUND C. BOARD, *Honorary Secretary.*

Clifton, January 6th, 1879.

### METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.

THE next meeting of this District will be held at the Bow and Bromley Institute (Committee Room, No. 4), on Tuesday, January 21st, at 5 P.M.: DR. ANDREW CLARK, President of the Branch, in the Chair.

Business:

1. Address by President.
2. District arrangements.
3. Proposal regarding a regular alternation of meetings with other districts.

Members desirous of reading papers at any meeting, or of bringing forward interesting cases, are requested to communicate with

A. GRANT, M.D., *Honorary Secretary.*  
370, Commercial Road, E., January 13th, 1879.

### DUBLIN BRANCH.

THE annual meeting of this Branch will be held in the Hall of the King and Queen's College of Physicians in Ireland, Kildare Street, on Thursday, January 30th, 1879, at 4 P.M. Mr. PORTER, Surgeon in Ordinary to the Queen in Ireland, President of the Branch, will deliver an address; and the officers and Council for the ensuing year will be elected.

By the kind permission of the President and Fellows, the annual dinner will also be at the College of Physicians at 7 P.M. on the day of the meeting; the incoming President of the Branch, Dr. GORDON, ex-President of the College of Physicians, in the Chair.

Members purposing to be present at the dinner, and those also wishing to invite guests, are requested to intimate their intention to the Honorary Secretary on or before the 28th instant. Dinner-tickets purchased before that date, £5.; after the 28th, £1. Guests' tickets, £1.

GEORGE F. DUFFEY, M.D., *Hon. Secretary.*  
30, Fitzwilliam Place, Dublin, January 7th, 1879.

### METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.

THE next meeting of this District will be held at Bethlem Royal Hospital, St. George's Road, S.E., on Wednesday, January 22nd, at 8 P.M.: DR. ANDREW CLARK, President of the Branch, in the Chair.

The following papers will be read.

1. Neuroses of the Heart, by J. Milner Fothergill, M.D.
2. The Amendment of the Medical Act (1858), by R. H. S. Carpenter, L.R.C.P. Lond.

Members desirous of narrating cases are requested to communicate with the Honorary Secretary without delay.

All members of the Branch are entitled to attend these District meetings.

H. NELSON HARDY, *Honorary Secretary.*

The Grove, Dulwich, S.E., January 6th, 1879.

### PROCEEDINGS OF THE COMMITTEE OF COUNCIL.

AT a meeting of the Committee of Council, held at the offices of the Association, 161A, Strand, on Wednesday, January 8th, 1879—Present: Dr. ALFRED CARPENTER (President of the Council) in the Chair; Mr. W. D. Husband, Treasurer; Dr. J. T. Arlidge, Dr. T. Clifford Allbutt, Mr. Alfred Baker, Dr. Louis Borchardt, Dr. Charles Chadwick, Dr. Balthazar Foster, Dr. E. Long Fox, Dr. W. C. Grigg, Mr. Reginald Harrison, Mr. Jonathan Hutchinson, Dr. C. Holman, Dr. D. J. Leech, Mr. F. E. Manby, Mr. Frederick Mason, Dr. Edwin Morris, Dr. R. H. B. Nicholson, Dr. Charles Parsons, Dr. Edward Sieveking, Dr. Richard Shettle, Dr. A. P. Stewart, Dr. W. F. Wade, Dr. Edward Waters, Mr. C. G. Wheelhouse.

The minutes of the last meeting were read, and found correct.

Read letters of apology for non-attendance from Dr. Falconer (President), Surgeon-General Maclean, Dr. De Bartolomé, Dr. Ward Cousins, Dr. Duffey, and Dr. Farquharson.

Read letters from Professor Billroth, Professor Ludwig, M. Pasteur, Professor Oscar Liebreich, and Dr. Sayre, acknowledging the honour of being elected honorary members of the Association.

The President of the Council reported that, in accordance with the suggestion of Dr. Wade, he had addressed a letter of condolence to Her Majesty the Queen upon the death of the late Princess Alice; and that fifty-three members of the Council had written agreeing to it, five of whom suggested verbal amendments.

Resolved: That the letter to Her Majesty be approved, and that the President of the Council be thanked for the steps that he has taken.

Read letter from Captain Galton, F.R.S., Secretary of the British Association, of which the following is a copy.

"My dear Dr. Carpenter,—The British Association meeting for 1879 is fixed for Wednesday, the 20th August, at Sheffield, so that I trust it will not clash with the British Medical Association annual meeting.—Yours truly,  
DOUGLAS GALTON."

Read a letter from Mr. Hoar of Maidstone, suggesting the appointment of a Medical Defence Committee by the Committee of Council.

Resolved: That Mr. Hoar be thanked for his letter, and informed that the matter has already been under the consideration of the Committee of Council, who have not felt justified in adopting the suggestions of his letter.

Resolved: That the fifty-three gentlemen whose names appear in the circular convening the meeting be elected members of the Association.

The minutes of the Journal and Finance Committee of to-day's date, together with the minutes of the New Premises Subcommittee, also of to-day's date, were read.

Resolved: That the minutes of the Journal and Finance Committee, and of the New Premises Subcommittee, of to-day's date, be received and approved, and the recommendations carried into effect.

The minutes contain recommendations to pay £200 on account for plant, £300 on account of type, £172 for fittings and furniture, £67 3s. 8d. for architect's charges, £100 to builder for alterations; and the quarterly accounts remaining unpaid amounting to £1,472 19s. 5d.

The minutes of the Habitual Drunkards' Committee of to-day's date were read, and it was

Resolved: That the minutes of the Committee on Habitual Drunkards

be received and adopted, and the recommendations carried into effect.

The minutes contain a suggestion to slightly alter the ninth section of the Bill, and to consult Dr. Cameron as to the course the Committee should pursue this session.

The minutes of the Scientific Grants Committee of the 7th instant were read, and it was

Resolved: That the minutes of the Scientific Grants Committee be received, approved, and the recommendations carried into effect.

Read: Minutes of the Stewart and Middlemore Funds Subcommittee of to-day's date.

Resolved: That the minutes of the Stewart and Middlemore Funds Subcommittee be received and approved, and the recommendations carried into effect.

The minutes contain a recommendation that the £500 presented by Mr. Middlemore be invested in 4 per cent. North British Railway Debenture Stock.

Resolved: That the name of the Stewart and Middlemore Funds Subcommittee be in future, "The TRUST FUNDS Subcommittee".

## CORRESPONDENCE.

### WOMEN'S AND CHILDREN'S HOSPITALS.

SIR,—A state of things exists in this Belgravian and Chelsea quarter of London, which, however perplexing to the unprofessional mind, may have some good medical reason for it. We are assailed with lamentable appeals on behalf of a hospital for *women* on one side, and a hospital for *children* on the other, while the *men* provide for their own medical treatment through their friendly societies. Has this arrangement been deliberately planned on sound professional grounds, or has it merely "grow'd", like Topsy, and is, therefore, presumably open to improvement? I would especially ask whether, as regards the majority of the cases treated at them, these institutions ought not rather to be called "dispensaries" than "hospitals"; and whether all the *real hospital cases*—that is, those attended with more than usual difficulty, or which require prolonged clinical treatment—are not amply provided for at the neighbouring hospitals of Westminster, St. Thomas's, St. George's, the new Wandsworth Hospital, and the General Lying-in Hospital, Westminster Bridge Road, which has lately been placed upon a more efficient and comprehensive footing? It is certain, from their own account, that these so-called women's and children's hospitals are always on the verge of bankruptcy, and are wanting in many of the requirements of efficient medical institutions. The members of friendly societies are also often dissatisfied with their club-doctors, because they have no choice of medical men allowed them, as well as with the quality of the medicines which are furnished at the expense of the club-doctors, while the medical men complain that their remuneration is on the most stinted scale.

What is really wanted for the Chelsea district is, that the women's and children's hospitals and the medical departments of the local benefit societies should be consolidated into two or three solidly constituted provident dispensaries for the ordinary medical treatment of men, women, and children, either at the dispensary, or, if the case require it, at their own homes. Every working-class family would then have its own confidential family-doctor on the same footing as the rich, and arrangements might easily be made for skilled tender nursing in serious illness. All this is in full operation at Battersea, on the other side of the river, and why not also at Chelsea? As the payments are made in health as well as in sickness, they are fixed on so low a scale that all can afford them except the destitute, who are now satisfactorily provided for by the poor-law; yet, when the system is properly developed, these payments furnish in the aggregate a fair remuneration to the medical men. Surely, this is better than the importunate entreaties constantly made to save our medical institutions from ruin, the injustice done to professional men by expecting them to give their services gratuitously in aid of lay charity, and the mendicant spirit encouraged in our working-class population by giving to them, only in the form of alms in answer to solicitation, a frequently recurring necessary of life which, with some help in the way of arrangement and administration, they would be perfectly well able to provide for themselves.—I am, etc.,

January 8th, 1879.

C. E. TREVELYAN.

### THE APOTHECARIES' SOCIETY, THE PROFESSION, AND THE PUBLIC.

SIR,—Mr. James Richard Upton, the clerk to the Society of Apothecaries, has addressed a letter to you under date 24th December last, purporting to enclose a statement in reference to the case of the Apothecaries' Society *v.* Shepperley. The publication of the document en-

closed *in extenso* would not, we venture to think, have been uninteresting, if one may judge from the epitome with which Mr. Upton supplied you in his letter.

It seems in the first case, after the action referred to had been brought and concluded, that we discover the Society in the act of "attempting to show" that it had reasonable grounds to authorise the prosecution of Mr. Shepperley in the County Court of Nottingham; that the trial was, to a certain extent, compelled by the observation of the two judges (Kelly, C. B., and Cleasby, B.), who ordered the cause to be removed for trial by *citeriorari* to the superior court; and, thirdly, that the case as tried by Mr. Baron Pollock dealt merely with the evidence, and involved no important decision on the law one way or the other. Why the Society should attempt to show these facts, which were abundantly manifest to those who heard the case, is difficult to understand; and any laboured explanation made by the Society on these points at this juncture is surely most stultifying to itself. Here we find an august and deliberative body, the master, wardens, and Society of Apothecaries, entrusted with the administration of a penal Act, attempting to show that it had reasonable grounds for sanctioning proceedings under that Act when such proceedings had been taken and had failed!

So much for the first three propositions which Mr. Upton seeks to establish by his statement, which one would almost feel inclined to concede as truisms, except that as to the third, to those who were present during the trial, it was painfully apparent how very slight the evidence was of practice as an apothecary by the defendant; but the fourth, and one may say the major proposition of all, is by no means of that character. For, after what we desire to state on behalf of our clients, the Medical Defence and Medical Alliance Associations (who have virtually administered the penal portion of the Act for the past three years), we venture to think Mr. Upton will have some difficulty in establishing the fact that the position of the Society in reference to prosecutions is one of any difficulty. On the contrary, it is remarkably easy. Since we have been connected with the prosecutions, the practice has been this. The Associations whom we advise have received complaints from all over the country of unqualified practice, some of a most serious character, not only in the interests of the licentiates of the Society, but also of the public. These complaints have been patiently investigated at an amount of trouble and expense that outsiders know nothing of, and have either been accepted or rejected. When they have been accepted, an epitome of the evidence has been forwarded to the Society, which has then given a consent on a printed form which it invariably uses for that purpose, and which contains the following paragraph: "The Society must be relieved from all expenses attending the proceedings, and they can only be commenced on that understanding." The actions have then been instituted, the entire expenses defrayed by our clients; and we are pleased to say that within the short space of two years and a half sixteen judgments in favour of the Apothecaries' Society has been the result up to the present time. Most of these cases were tried and decided in the superior court.

This is a brief outline of the "difficult position" to which Mr. Upton refers from one point of view. We now ask the attention of your readers to it from another, the broad and moral aspect of the matter. Why should the position of the Society be difficult in the matter of prosecutions, supposing (as there is, we assume, no reason to doubt) that it desires with honesty to administer the Act with which it is entrusted? The acting and practising as an apothecary have been clearly defined by some of the best and most learned judges, notably by Cresswell, J., in the case of the Apothecaries' Company *v.* Lotinga. The Society and its learned legal adviser have only to apply the test of the definition contained in Mr. Justice Cresswell's judgment in that case to the evidence laid before it, and, if the evidence be sufficient to satisfy that test, then we maintain that the duty of the Society is clear, it has no further discretion, it must grant a consent to prosecute under the penal clauses of the Act. It has no discretion, except in weighing the sufficiency of the evidence; and the principle is this, that it is bound to prosecute in every case in which informers produce evidence of illegal practice as an apothecary, whether the offence is gross or otherwise.

So much for the fourth proposition of Mr. Upton; and now we would beg to encroach a little further on your space to say a word about the two pending cases to which he refers, in which the Society has received an intimation, on behalf of several of its licentiates, that a *mandamus* will be applied for requiring it either itself to prosecute or to allow our clients beforenamed to do so. In speaking of these, we are, of course, under a certain restraint; but, in saying that they are gross cases, we are only repeating what is conceded on all hands, even by Mr. Upton and the Society itself. The one is the case of a man totally unqualified, in large and active practice in Wales; the other of a person practising in virtue of the degree of "Doctor of Medicine of the Metropolitan College of New York" in a metropolitan district. In the latter case, copies

## QUALIFICATIONS OF MEDICAL OFFICERS.

SIR.—I have just now seen Mr. White's questions and the answers. Will you permit me to state that the L.R.C.P. is a full Qualification in Medicine and in Surgery, in virtue of an Act passed in the reign of Henry VIII., and that it is recognised as a double qualification by the Local Government Board. A case for surgical attendance was tried as a "test-case" on the L.R.C.P. in a law-court at Sheffield, when Dr. F. Hawkins attended on the behalf of the College of Physicians, and proved his case. See also the *Medical Directory* for 1878, page 227: "Royal College of Physicians": and you will read: "The Licence of this College is recognised by the Poor-law Board as a qualification in Medicine and Surgery."—Believe me yours truly,

Kirklington, Ripon, December 31st, 1878.

DAVID MICKLE.

## PUBLIC HEALTH MEDICAL APPOINTMENTS.

LEACH, J. Comyns, B.Sc.Lond., appointed Public Analyst for the County of Dorset, at a salary of £20 per annum, and a fee of 10s. 6d. for each analysis, for three years.

\*SWORDER, Horace, M.R.C.S., appointed Medical Officer of Health for Luton.

## MILITARY AND NAVAL MEDICAL SERVICES.

AN examination of candidates for commissions in the medical service of the Royal Navy will be held at the University of London, Burlington Gardens, on Monday, February 17th, and following days, at 10 o'clock. Candidates must present themselves at the Medical Department of the Navy, 9, New Street, S.W., at 11 o'clock, on Thursday, February 13th, when, should they be found eligible, they will be permitted to appear for examination. The necessary forms to be filled up by candidates will be supplied on application to the Department.

## OBITUARY.

JAMES STOCKER, M.R.C.S.

THE death of Mr. Stocker, the old apothecary of Guy's Hospital, on Christmas Day, will call forth much sympathy and regret from all old Guy's men, not less on account of his kindly bearing and moral worth, than from the recollection of the manifest anxiety which he always evinced in promoting their interests and maintaining the character of their Alma Mater. Since leaving the hospital twelve months ago, Mr. Stocker has resided with his family at Burnham, near Maidenhead. He was attacked with pneumonia, no doubt brought on by the severe weather in December, to which he succumbed after a few days, having been visited in the interval by his old friend Sir William Gull. His death, apart from the regard in which he was held, is interesting on account of its severing the last link of connection with the memories of the past, when the apothecaries of the endowed hospital were no mere compounders of drugs, but were the ruling authorities in most matters of medical policy in their respective institutions, participating largely in the emoluments and acquiring a vested interest in their office, to which they succeeded by a kind of family heritage. Nor can it be justly said that they were at all times unworthy of the position. Dr. Babington, who held the office of apothecary at Guy's prior to Mr. Stocker's father, was a man of wide reputation, and was greatly instrumental in organising the medical school; and it was always deemed a privilege among the students to go round the wards with his successors, as much valuable clinical information could be obtained in this way which fell outside the work of the other hospital teachers. Mr. Stocker was appointed assistant to his father in the dispensary in the year 1829, and succeeded to the office of apothecary on the death of his father in 1834, and at the time of his death he was in his seventy-fourth year. The exacting requirements of the day necessitated many innovations on the old *régime*, of which he failed to see the drift, and, long prior to his retirement, his old duties of visiting the wards and supervising the pharmaceutical department had passed entirely out of his hands. His familiar face and honest worth were, however, always remembered by his friends; and, within the last few months, a subscription had been set on foot by old Guy's men to commemorate his services by a pecuniary testimonial. This, we understand, for obvious reasons, has only met with lukewarm support; but now, when it is known that Mr. Stocker has left behind a widow and other members of his family hopelessly afflicted, and that the pension which he worthily earned dies with him, we feel assured that the subscription will be responded to in a generous and liberal spirit.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology at a meeting of the Board of Examiners on the 10th instant, and when eligible will be admitted to the pass examination.

Messrs. G. Claren Hamilton and William Eames, students of the London Hospital; Septimus Farmer and Richard P. Bond, of King's College; Thomas H. Jones and Frank L. C. Richardson, of St. Bartholomew's Hospital; Walter F. Haynes and Ernest C. Bray, of the Middlesex Hospital; Arthur Cuffield and George Weldon, of the Cambridge School; Herbert B. Hawksworth, Thomas B. Luscombe, and George F. P. Pizey, of Guy's Hospital; Charles A. Hebert and William H. Legge, of the Westminster Hospital; Sydney R. Lideard and George W. Collins, of University College; Henry E. Maberley, of the Birmingham School; John Peché, of the Leeds School; William G. Black, of the Newcastle School; and George T. Revell, of St. Mary's Hospital.

The following gentlemen passed on the 13th instant.

Messrs. Benjamin R. A. Taylor, Charles C. Brodrick, and Thomas M. Day, of Guy's Hospital; Christopher Vise, Charles A. A. Taylor, and Charles J. Pike, of University College; Henry R. Fuller, Alexander C. A. Alexander, and Albert P. Wells, of the Cambridge and St. George's Schools; Henry W. Stevenson and Francis H. Treherne, of St. Bartholomew's Hospital; Steven H. Appleford, of the London Hospital; John Ackery, of the Middlesex Hospital; Francis W. P. Holton, of St. George's Hospital; Frederic H. Norville, of King's College; and Joseph Bradley, of the Manchester School.

The following gentlemen passed on the 14th instant.

Messrs. James E. Anderton, Lennard Stokes, William Spong, Sievwright A. Davies, Sidney T. M. Evans, Alfred T. Perkins, and John F. Spong, of Guy's Hospital; John A. Shaw, Gilbert H. Coates, and Charles Rowley, of University College; William H. P. Lewis and Frederick Leigh, of St. George's Hospital; Hugh L. Ansted and Samuel R. Matthews, of King's College; George H. Doudney, of St. Thomas's Hospital; Henry Beattie, of St. Bartholomew's Hospital; Hilfred B. Thomson, of the Sheffield School; George G. D. Willett, of the Bristol School; and D'Arcy B. Carter, of the Leeds School.

The following gentlemen passed on the 15th instant.

Messrs. Philip Phelps, Charles E. Ashton, William Beecham, William T. Bell, James Montford, and James H. Bradshaw, of St. Bartholomew's Hospital; George W. Mullis, Frederick E. Duckworth, and George F. Dickson, of Guy's Hospital; Arthur H. Dingley and Herbert E. Williams, of University College; Charles F. Coxwell, of the Cambridge School; Charles Brown, of the Birmingham School; Thomas R. B. Morris, of the Westminster Hospital; Thomas M. King, of St. Mary's Hospital; Frederick E. Taylor, of the Charing Cross Hospital; and Edward H. Holthouse, of the Cambridge School and King's College.

APOTHECARIES' HALL.—The following gentleman passed his examination in the science and practice of medicine, and received a certificate to practise, on Thursday, January 9th, 1879.

Payne, Charles Alexander, Astley Bank, Lewisham

The following gentleman also on the same day passed his primary professional examination.

Abbott, Thomas E., Guy's Hospital

## MEDICAL VACANCIES.

THE following vacancies are announced:—

BRISTOL ROYAL INFIRMARY—Medical Superintendent. Salary, £130 per annum, with furnished apartments, board, and washing. Applications to be made on or before the 23rd instant.

CLOGHEEN UNION—Medical Officer for Ardfern Dispensary District. Salary, £110 per annum, and £15 per annum as Sanitary Officer, together with Vaccination and Registration Fees. Election will take place on the 20th instant.

HEREFORD GENERAL INFIRMARY—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to be made on or before the 27th instant.

INVERNESS DISTRICT ASYLUM—Assistant Medical Officer. Salary, £80 per annum, with bed, board, and washing. Applications to be made on or before February 8th.

LIVERPOOL DISPENSARIES.—Two Assistant House-Surgeons. Salary to commence at £108 per annum, with apartments, fire, gas, and attendance. Applications to be made on or before the 22nd instant.

LONDON FEVER HOSPITAL—Resident Medical Officer. Salary, £200 per annum, with residence, coals, gas, and attendance.

SETTLE UNION—Medical Officer for the Workhouse at Giggleswick. Salary, £25 per annum.—Medical Officer for the Settle District. Salary, £25 per annum. Applications to be made on or before the 20th instant.

TIVERTON INFIRMARY AND DISPENSARY.—House-Surgeon and Dispenser. Salary, £100 per annum, with furnished apartments, coals, gas, and attendance.

WHITECHAPEL UNION—Assistant Medical Officer to the Infirmary. Salary, £150 per annum, with apartments, coal, gas, and washing. Applications to be made on or before the 20th instant.

## BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 3s. 6d., which should be forwarded in stamps with the announcements.

## DEATH.

WALKER, John, B.A., M.B., eldest son of the late John Walker, of Chapelizod, county Dublin, at 3, Hampton Terrace, Whalley Range, Manchester, aged 30, on December 29th, 1878.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY ..... Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopaedic, 2 P.M.

TUESDAY ..... Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—National Orthopaedic, 2 P.M.

WEDNESDAY. St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—King's College, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.

THURSDAY. St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 P.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—London, 2 P.M.

FRIDAY ..... Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.—St. Thomas's (Ophthalmic Department), 2 P.M.

SATURDAY ..... St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.M.—East London Hospital for Children, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.—London, 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Lettsomian Lectures, by John C. Thorowgood, M.D., F.R.C.P. Lecture II: "Pathological Tendencies of Asthma".

TUESDAY.—Pathological Society of London, 8.30 P.M. Address by the President, Mr. Jonathan Hutchinson. Dr. P. Irvine: Specimen showing the effects of Compression of the Main Bronchia. Dr. Barlow: Three Specimens of Bronchial Gland-Disease. Dr. D. Powell: Sarcomatous Disease invading the Lung and Occluding its Bronchi. Mr. Sydney Jones: Cured Aneurysm of the Subclavian Artery. And other Specimens.

WEDNESDAY.—Association of Surgeons practising Dental Surgery, 7.30 P.M.: Council Meeting, 8.30 P.M.: Annual Meeting for Election of Officers. Adjoined discussion on Dr. C. Meymott's paper on Anæsthetics.—Huntian Society, 7.30 P.M.: Council Meeting, 8 P.M.: Clinical Evening. Several members will relate cases of interest. Dr. F. C. Turner will exhibit Microscopic Specimens from a case of Sclerosis.

FRIDAY.—Quexett Microscopical Club, 8 P.M. Mr. Bedwell, "On the Urticating Threads of *Actinia parasitica*". Mr. E. G. Newton, "On a New Method of preparing a Dissected Model of an Insect's Brain, from Microscopic Sections".—Clinical Society of London, 8.30 P.M. Dr. Southey, "Pleuritic Effusion treated by Capillary Drainage". Dr. Althaus, "Disease of Spinal Accessory Nerve". Dr. Ord, "Rheumatoid Arthritis from a Clinical point of view". Mr. George Brown will exhibit a case of Descent of Testes in a patient aged 30.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the General Secretary and Manager, 161, Strand, W.C.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with *Duplicate Copies*.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 161, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the General Manager, at the Office, 161, Strand, W.C., London.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

## THE SILICATED CARBON FILTER.

SIR.—The general result of my investigation into the action of the Silicated Carbon Filter was, that that filter possessed the power of removing all kinds of nitrogenous organic matter from water. Of course, I had not tried every nitrogenous organic matter; but only representative kinds of organic matter chosen so as to be really representative.

From Dr. Lane Notter's communication (*vide* BRITISH MEDICAL JOURNAL, October 12th, 1878), I gather that he has found an exception to this general statement; viz., he finds that fresh albumen is not removed. The result would be both interesting and important if it were true.

I have repeated his experiment. I took a fresh egg, and made a dilute solution of albumen, and immediately filtered it through the commonest kind of silicated carbon filter, and I found that the albumen was removed with the greatest ease. According to my experiment, Dr. Notter's result is absolutely contradicted.—Yours faithfully,

J. ALFRED WANKLYN.

7, Westminster Chambers, January 1879.

DR. WHALLEY.—The paper is marked for publication.

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to Advertisements, changes of address, and other business matters, should be addressed to Mr. FRANCIS FOWKE, General Secretary and Manager, at the Journal Office, 161, Strand, London, and not to the Editor.

## INDIAN MEDICAL MISSIONS.

SIR.—Will you allow me, through your columns, to make known that there are numbers of medical missionaries to whom the receipt of so valuable a publication as the BRITISH MEDICAL JOURNAL would be an inestimable boon? I shall be happy to forward address in the dioceses of Bombay, Bloemfontein, etc., to those who do not file the JOURNAL, or who will render such a kindly service as the despatch of the same to a brother practitioner. Indeed, any papers would be thankfully received, and larger numbers (Medical, Church, Illustrated) would certainly find their way abroad if those to whom these "every-day" comforts come understood what it was to be without such a practical help as a thoroughly dependable medical serial—such a refreshment as a good periodical. There is probably more *esprit de corps* among the medical profession than any other: it will therefore be a further favour if you will permit me to ask their sympathy and support for medical missions in the Bombay diocese. I have every confidence in laying the matter before your readers; but space being a consideration, that which I would bring to their notice must be concisely put.

1. *The Medical Mission at Poona.*—Dr. Edward Mackellar has given himself to this work. The dispensary has been opened; a cottage-hospital is also an absolute necessity. The work does not comprehend that alone at Poona, but Dr. Mackellar frequently visits the adjacent districts. His great skill, particularly in the treatment of disease of the eye, is of immense service. It is estimated that through the Nagar Collectorate there are no fewer than 2,700 blind persons in a population of 773,938.

2. The immediate erection of a hut at Poona, where women suffering from diseases peculiar to themselves could at once be admitted to be cared for by trained nurses under Dr. Mackellar's supervision. In these days, when so much has been written and said of the necessity of "ventilation", medical men will readily admit the need of this building when it is known that in the already crowded bungalows, where the famine orphans were, there has been an attempt made also to minister to sick women. The risk that has been run in so doing, even in the cooler weather, has been great; but when the sun has its full power—and the heat of the Deccan is such as only can be understood by those who have felt it—it what then? Either these suffering ones must be turned adrift to die, or fever is certain to attack the Europeans who have gone out to India to ameliorate, not, as is too often most incorrectly represented, the sufferings of the natives alone, but the masses of poor whites and Eurasians, of whom there are numbers at Poona. The miseries of destitute women in garrison towns at home are great; but in India, how far greater. Even when money has been supplied for the erection of the cottage-hospital, the hut would always be valuable in the event of outbreaks of fever, etc. There is no provision as yet for such common occurrences in any of the various branch houses attached to the Poona mission.

3. Gifts towards sending out and maintaining competent skilled nurses. Those of your readers who have interest with owners and captains could cheaply render great service—i.e., by obtaining free passages from time to time, and such a service could often be had simply for the asking.

The medical profession, then, is solicited to make the medical missions of Western India (there are works at the capital city itself to which we would gladly direct attention) their peculiar care. a. By giving such pecuniary assistance as their many claims admit. There are none who are greater philanthropists than these men, whose labours are so great. b. Better still, by interesting their patients in the work. Those who are sick themselves may well care for their fellow creatures.

It is therefore in order that medical men may be induced to use their influence and their great power that space has been given in this JOURNAL. Further details of the work can be obtained from those whose names are given below, and assurance that the work is real, and that pecuniary assistance will find its way straight to the Lord Bishop of Bombay; and further, that what is received will be directly applied to the objects for which it has been given.

Moneys for Poona medical mission in general, the hut, passage money, and maintenance of nursing staff, should be forwarded (naming the fund to which the remittance is to be applied) to the Rev. M. F. Argles, Principal, S. Stephen's House, Park Street, Oxford; Thomas Ligertwood, Esq., M.D., Royal Hospital, Chelsea; or to myself, A. C. MACLACHLAN, 2, Great Stanhope Street, Bath.

## THE MICROPHONE.

MR. TAIT of Baroda writes in *Nature*:—"Two subjects of interest in connection with the practical application of the microphone have lately been brought to my notice by Raja Sir T. Madava Row, K.C.S.I., Dewan of Baroda. In the hope of securing a little assistance from some of your scientific readers, I hasten to lay them before you. The first question is with reference to the use of a microphone as a stethoscope. It seems that native ladies of high position decline altogether to allow a doctor to examine the chest in the ordinary manner. Sooner than submit to such an examination, they would prefer to die—certainly rather a staggering fact for those imbued with European ideas. In the cause of humanity, it is therefore desirable to do something for those whose position and caste would be imperilled by *direct* examination. If the microphone could be so delicately arranged as to transmit the auscultatory sounds, a medical ear, even at a distance, would surely be able to detect the existence of any disease of the heart or lungs. In the few experiments that we have made with our limited appliances, we have been able to hear the ticking of a watch at a distance of about two hundred yards, and the roar of a black ant when attacked by his companion, but as yet we have heard no internal sounds from the human breast. Perhaps with better devised instruments some one may have been able to obtain that which has yet been denied to us. I am sure many native ladies would be glad to get an affirmative answer to the question, 'Can the microphone be used as a stethoscope?'"

## BOARDING FOR AN INVALID.

SIR.—I should feel obliged if any of your readers who know of an establishment where an invalid could be boarded and looked after at a reasonable rate would furnish me with the name. The patient is a gentleman aged 71 or 72, who appears to be suffering from the commencement of a break down of health. There is an impairment of memory, but no delusions of any sort.—Yours faithfully,

A MEMBER.